



**State of California**  
**Gray Davis, Governor**  
**Business, Transportation and Housing Agency**

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Sacramento, CA 95814  
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December 18, 2001

**To:** ALL LICENSED HEALTH CARE SERVICE PLANS

**From:** G. LEWIS CHARTRAND, JR.  
Assistant Deputy Director  
Office of Legal Services

**Re:** Health & Safety Code § 1367(h)(3) Dispute Resolution Mechanism

This letter is intended to serve as a reminder to submit to the Department of Managed Health Care (Department) the annual report regarding your plan's provider dispute resolution mechanism as required by Section 1367(h)(3) of the Health and Safety Code.

Section 1367(h)(3) states:

On and after January 1, 2002, each health care service plan shall annually submit a report to the department regarding its dispute resolution mechanism. The report shall include information on the number of providers who utilized the dispute resolution mechanism and a summary of the disposition of those disputes.

The Department currently is developing regulations to implement prompt payment legislation (AB 1455/SB 1177) that will address provider dispute resolution mechanisms and annual reporting on this process. In order to simplify the reporting for this year, as well as to ensure consistency among plans, the Department has developed the attached template for your use in reporting on your plan's provider dispute resolution mechanism. As directed by the statute, the report should include information for the first three (3) quarters and available information for the fourth quarter of the 2001 calendar year.

Please submit your report in the template format provided no later than January 1, 2002, to the following:

**Department of Managed Health Care**  
**Office of Legal Services**  
**Attention: Ralph V. Rodriguez**  
**980 9th Street, Suite 500**  
**Sacramento, CA 95814**

If you have any questions, please feel free to contact Ralph V. Rodriguez at (916) 445-0330.

Attachment

# REPORT OF DISPUTE RESOLUTION MECHANISM

1/1/2001 – 12/31/2001

Plan Name: \_\_\_\_\_  
Health Care Service Plan's Full Name

Contact Name: \_\_\_\_\_  
First and Last Names

Contact Address: \_\_\_\_\_  
Street Address, City, State ZIP Code

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_  
(Area Code)

Contact e-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

SUBMISSIONS	NUMBER
Total Number of Providers Submitting Disputes:	
Total Number of Disputes <sup>1</sup> Submitted to Plan:	

SUMMARY DISPOSITION: Claims Disputes <sup>1</sup>	NUMBER
Total Number Resolved in Favor of Provider:	
Total Number Resolved in Favor of Plan:	
Total Number with Pending Resolution:	

SUMMARY DISPOSITION: Other Disputes	NUMBER
Total Number Resolved in Favor of Provider:	
Total Number Resolved in Favor of Plan:	
Total Number with Pending Resolution:	

<sup>1</sup> A notice of dispute referencing multiple claims shall be counted as one (1) dispute.